

Employee Name

Cipperly, William F Jr

Hoosick Falls Incident Full Report

Incident ID: 02187

Incident Date: 3/4/2013

Incident Type: EvE3 (Moderate Impact)

Employee Details

This Full Time employee is a Male who was performing the job of Running coater E take up with experience working on this task(s) in the PSAT Coating department. The incident occurred on Shift 1 at 12:15:00 PM / The 8 hour shift started at 6:30:00 AM / 2 days in to a 5 day shift.

The symptoms observed were noted as an injury type of --> to his No Injury

This incident occurred in/at: . This employee None

Description of Event

What Happened

Coater E was running normal operations when Bill heard a click and saw the process dampers indicator lite go off. He viewed the damper indicator arrows located on the duct system to indicate they running to atmosphere. He immediately shut down and reported incident. He estimated he made two log rolls during this time. So we have an exposure of 4 minutes of running to atmosphere with our coating process.

Employee Signature: _____ **Date:** _____

Witness Section

Witness Statement

Greg, verified Bill's statement and viewed the same indicators and their state.

Witness(es) : Lockrow, Gregory M

Investigation Summary Section

Area Manager: McGlynn, Christopher J

Incident Root Cause(s)

Person filing report: McGlynn, Christopher J

The Primary Root cause Assigned to this event was as follows: Failure to understand all risks with current automatic damper control system The secondary root cause assigned to this incident was as follows: Failure to provide adequate training on all hazards and the understanding of control pressure on the interlocks.

Corrective Actions for Incident Report

Corrective Action Install six proximity switches for further safeguards (three on Coater E, two on Coater B and one on coater A)

Comments:

Assigned to Beaumont, Paul J. **ECD** 5/2/2013 **Complete** ☒ **Completed Date:**

Corrective Action Schedule PHA review of Coater A, Coater B, Tower A and Coater E oxidizer interlock systems and identify opportunities for system redundancies (fail-safe)

Comments:

Plan established to perform PHA for each coater - metric established under E&RP pillar

Assigned to MacDonald, Joseph B **ECD** 3/11/2013 **Complete** ☒ **Completed Date:** 3/11/2013

Hoosick Falls Incident Full Report

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Cipperly, William F Jr

Incident Type: EvE3 (Moderate Impact)

Corrective Action Provide Coater A, Coater B, Tower A and Coater E PLC schematics for FMEA review
Comments: PLC schematics provide by RASP engineering
Assigned to **Beaumont, Paul J.** **ECD** 3/11/2013 **Complete** ☒ **Completed Date:** 3/29/2013

Corrective Action Retrieve all related Production SOPs to ensure safe start-up and operating parameters have been included in SOP.
Comments: related SOPs have been retrieved and reviewed
Assigned to **Zipprich, Charles F** **ECD** 3/11/2013 **Complete** ☒ **Completed Date:** 3/11/2013

Corrective Action Validate and document all related pressure switches have been set to 5 psi
Comments: related pressure switches have been reduced to 5 psi and documented
Assigned to **Mullen, Robert** **ECD** 3/9/2013 **Complete** ☒ **Completed Date:** 3/9/2013

Corrective Action Provide P&IDs for Coater A, Coater B, Tower A and Coater E oxidizer interlock system nodes for FMEA review
Comments: P&IDs referenced to determine the need for proximity switches
Assigned to **Beaumont, Paul J.** **ECD** 3/11/2013 **Complete** ☒ **Completed Date:** 3/29/2013

Corrective Action Ensure incident review with all maintenance operators (critical setpoints, documentation)
Comments: Incident report review completed.
Assigned to **Mullen, Robert** **ECD** 3/8/2013 **Complete** ☒ **Completed Date:** 3/11/2013

Corrective Action Ensure incident review with all PSAT operators
Comments: Incident report review completed.
Assigned to **McGlynn, Christopher** **ECD** 3/11/2013 **Complete** ☒ **Completed Date:** 3/11/2013

Corrective Action Conduct a review of the coating to atmosphere project and controls to make sure we are in compliance with all safety requirements and best practices.
Comments: Conducted a review with C McGlynn, P Beaumont, J MacDonald, R Mullen and identified a need for further consequence analysis (FMEA) to ensure system protection redundancy and robustness.
Assigned to **Cangemi, Mario** **ECD** 3/5/2013 **Complete** ☒ **Completed Date:** 3/5/2013

Corrective Action Determine lowest air pressure setting to trip pressure switch on coating roll when the coating roll is placed in the up position.
Comments: All coater pressure switch limits will be set to the lowest possible setting to ensure all failure to be to oxidizer.
Assigned to **Mullen, Robert** **ECD** 3/9/2013 **Complete** ☒ **Completed Date:** 3/11/2013

Hoosick Falls Incident Full Report

Cipperly, William F Jr

Incident ID: 02187

Incident Date: 3/4/2013

Incident Type: EvE3 (Moderate Impact)

Corrective Action adjust air pressure switch set point lower to ensure the coating roll is in the up position (or should be) on Coater E

Comments: This will reduce the chance the Coater will be allowed to run without being on the oxidizer.

Assigned to Mullen, Robert

ECD 3/4/2013 Complete ☒

Completed Date: 3/4/2013

Investigation Fishbone

INCIDENT

Manpower <i>Failure to understand a hazard; inadequate risk assessment</i>	Materials <i>(N/A)</i>
Methods <i>(N/A)</i>	Machine <i>Inadequate design of equipment or tool</i>
Milieu <i>(N/A)</i>	Management <i>Inadequate Training of Employee(s)</i>

Additional Details

Unsafe Activity:		Agent:	Ergonomic:	Incident Type:	<input type="checkbox"/> Property Damage	Est. Cost	Act. Cost
					Nature of Damage:	\$0.00	\$0.00
					None	Equipment causing Damage	
By:	Unsafe Conditions:	Body Part:	Work Activity:				
<input type="checkbox"/> BBP Exposure:		No Injury					
First Aid given by:		First Aid given:	None				

Cipperly, William F Jr

Hoosick Falls Incident Full Report

Incident ID: 02187

Incident Date: 3/4/2013

Incident Type: EvE3 (Moderate Impact)

Supervisor Signature cGlynn, Christopher J or Designe **Date:** _____

Manager Signature: cGlynn, Christopher J or Designe **Date:** _____

Employee Name

Guerin, Leo J Jr

Hoosick Falls Incident Full Report

Incident ID: 02216

Incident Date: 6/13/2013

Incident Type: EVE5 (Unsafe Condition)

Employee Details

This Full Time employee is a Male who was performing the job of Coater B change over, with experience working on this task(s) in the PSAT Coating department. The incident occurred on Shift 2 at 6:15:00 PM / The 8 hour shift started at 2:30:00 AM / 4 days in to a 5 day shift.

***This Incident was reported after the incident on 6:15:00 PM for the following reason: same

The symptoms observed were noted as an injury type of --> No Injury to his No Injury

This incident occurred in/at: . This employee None

Description of Event

What Happened

When Coater B was changing over and heats were adjusted, the coater is programmed to go to atmosphere. At this time the heats had been increased and heavy smoke was emitting from the atmosphere exhaust duct. Had the operator immediately put the coater back to the incinerator.

Employee Signature: _____

Date: _____

Witness Section

Witness Statement

Chris witnessed the smoke.

Witness(es): McGlynn, Christopher J

Investigation Summary Section

Area Manager: McGlynn, Christopher J

Incident Root Cause(s)

Person filing report: Guerin, Leo J Jr

The Primary Root cause Assigned to this event was as follows: Coater automatically going to atmosphere. The secondary root cause assigned to this incident was as follows: Update change over procedures.

Corrective Actions for Incident Report

Corrective Action initiate engineering controls to prevent smoking when changing oven temperature (A. Lai)

Comments: logic installed

Assigned to Mullen, Robert

ECD 6/21/2013

Complete ☒

Completed Date: 6/19/2013

Corrective Action identify proper logic to sequence dampers to prevent smoke to atmosphere when change oven temperature

Comments: logic installed

Assigned to Beaumont, Paul J.

ECD 6/18/2013

Complete ☒

Completed Date: 6/19/2013

Employee Name

Guerin, Leo J Jr

Hoosick Falls Incident Full Report

Incident ID: 02216

Incident Date: 6/13/2013

Incident Type: EVE5 (Unsafe Condition)

Investigation Fishbone

INCIDENT

Manpower

(N/A)

Materials

(N/A)

Methods

Other Programing of coater automatically going to atmosphere when down for ten minutes.

Machine

Other When heats increased during change overs there is some burn off residue in the coater and duct work.

Milieu

(N/A)

Management

(N/A)

Additional Details

Unsafe Activity:		Agent:	Ergonomic:	Incident Type:	<input type="checkbox"/> Property Damage	Est. Cost	Act. Cost
						\$0.00	\$0.00
By:		Unsafe Conditions:	Body Part:	Work Activity:	Nature of Damage:		
					None		
<input type="checkbox"/> BBP Exposure:			No Injury		Equipment causing Damage		
					None		
First Aid given by:		(Not Applicable)	First Aid given:	None			

Supervisor Signature Guerin, Leo J Jr or Designee Date: _____

Manager Signature: cGlynn, Christopher J or Designee Date: _____

Employee Name

Guerin, Leo J Jr

Hoosick Falls Incident Full Report

Incident ID: 02239

Incident Date: 8/27/2013

Incident Type: EVE5 (Unsafe Condition)

Employee Details

This Full Time employee is a Male who was performing the job of Observing visible emissions with experience working on this task(s) in the PSAT Coating department. The incident occurred on Shift 1 at 1:45:00 PM / The 8 hour shift started at 2:00:00 PM / 2 days in to a 5 day shift.

The symptoms observed were noted as an injury type of --> No Injury to his No Injury

This incident occurred in/at: . This employee None

Description of Event

What Happened

Leo entered the Liberty Street driveway and observed smoke coming from the Coater B stack. Coater B had been down for a product changeover for >60 minutes and there was no coated material in the oven and the oven exhaust was going to the atmosphere. In preparation for the next run the Coater B operators raised the temperatures in all 4 zones. Zone 4 was the highest at approx. 500 F. The system should have automatically directed the exhaust to the oxidizer but did not

Employee Signature: _____ **Date:** _____

Witness Section

There were no witnesses of this incident.

Investigation Summary Section

Area Manager: McGlynn, Christopher J

Incident Root Cause(s)

Person filing report: Marshall, Charles E

The Primary Root cause Assigned to this event was as follows: Controls failure (TBD) The secondary root cause assigned to this incident was as follows: TBD

Corrective Actions for Incident Report

Corrective Action Determine root cause and identify/recommend Corrective Action
Assign Corrective in this report

Comments: EMAIL:
From: Beaumont, Paul J.
Sent: Monday, March 17, 2014 7:51 AM
To: Smith, Brandi L.
Subject: RE: safety database eve incident - ca?
This has been taken care of.
On 8/27/13, we programmed the oxidizer not to switch off for 4 hours, which gives ample time to discharge smoke should they raise the temperature.

Assigned to Beaumont, Paul J. **ECD** 8/27/2013 **Complete** ☒ **Completed Date:** _____

Employee Name

Guerin, Leo J Jr

Hoosick Falls Incident Full Report

Incident ID: 02239

Incident Date: 8/27/2013

Incident Type: EVE5 (Unsafe Condition)

Investigation Fishbone

INCIDENT

Manpower TBD	Materials TBD
Methods TBD	Machine TBD
Milieu TBD	Management TBD

Additional Details

Unsafe Activity:		Agent:	Ergonomic:	Incident Type:	<input type="checkbox"/> Property Damage	Est. Cost	Act. Cost
						\$0.00	\$0.00
By:	Unsafe Conditions:	Body Part:	Work Activity:	Nature of Damage:		Equipment causing Damage	
<input type="checkbox"/> BBP Exposure:		No Injury		None		None	
First Aid given by:	(Not Applicable)	First Aid given:	None				

Supervisor Signature Marshall, Charles E or Designee Date: _____

Manager Signature: cGlynn, Christopher J or Designee Date: _____

Employee Name

Cipperly, Glenn W

Hoosick Falls Incident Full Report

Incident ID: 02286

Incident Date: 7/7/2014

Incident Type: EvE3 (Moderate Impact)

Employee Details

This Full Time employee is a Male who was performing the job of Coating solvent based adhesive on Coater A. with experience working on this task(s) in the PSAT Coating department. The incident occurred on Shift 1 at 6:45:00 AM / The 8 hour shift started at 6:30:00 AM / 1 days in to a 5 day shift.

The symptoms observed were noted as an injury type of --> to his No Injury

This incident occurred in/at: . This employee None

Description of Event

What Happened

Glen noted at the beginning of his shift the Coater damper light indicated the coater was going to atmosphere and not coating. He verified the coater was in fact in the coating mode and asked the off going shift if they noticed anything different. They indicated everything was working fine and had not noted after stopping to do a scheduled change over from 22530210023000 to 228502100110000 that the coater had not returned to oxidizer mode as programmed once the coating process re-started. He notified the shift maintenance tech that he suspected the coater was running without being on the oxidizer.

Employee Signature: _____ **Date:** _____

Witness Section

Witness Statement

Glen Clipperly report the coater was running without being on the oxidizer and asked if the damper indicator light could be malfunctioning. After determining the light was working fine we placed the coater manually on the oxidizer and notified the Manufacturing Manager.

Witness(es): Frederickson, Clifford R

Investigation Summary Section

Area Manager: McGlynn, Christopher J

Incident Root Cause(s)

Person filing report: McGlynn, Christopher J

The Primary Root cause Assigned to this event was as follows: Lack of protocol and procedure The secondary root cause assigned to this incident was as follows: Controls Engineer error

Corrective Actions for Incident Report

Corrective Action Determine how issue happened and correct

Comments: Determined bypass bit was installed during verification of PLC & E-stop upgrade. This bit was not removed after verification. Bit has been removed now and correct operation verified.

Assigned to Lai, Andy **ECD** 7/7/2014 **Complete** ☒ **Completed Date:** 7/7/2014

Corrective Action Conduct a root cause investigation on why this issue was allowed to take place after a MOC was already completed.

Comments: Added PLC question to MOC db

Assigned to Mullen, Robert **ECD** 8/7/2014 **Complete** ☒ **Completed Date:** 9/2/2014

Cipperly, Glenn W

Hoosick Falls Incident Full Report

Incident ID: 02286

Incident Date: 7/7/2014

Incident Type: EvE3 (Moderate Impact)

Investigation Fishbone

INCIDENT

Manpower

Failure to Follow Written Procedure or Rule

Methods

Compliance with legal and company standard

Milieu

Building/flooring in poor condition

Materials

(N/A)

Machine

Complex facilities (labels, arrangement, displays, controls or other hum

Management

Equipment verification not correctly realized

Additional Details

Injury Nature:		<input type="checkbox"/> Property Damage		Est. Cost	Act. Cost
Unsafe Activity:	Agent:	Ergonomic:	Incident Type:	Nature of Damage:	
				None	\$0.00
By:	Unsafe Conditions:	Body Part:	Work Activity:	Equipment causing Damage	
<input type="checkbox"/> BBP Exposure:		No Injury		None	
First Aid given by:		First Aid given:	None		

Supervisor Signature eGlynn, Christopher J or Designe Date: _____

Manager Signature: eGlynn, Christopher J or Designe Date: _____

Baretsky, Christopher A

Hoosick Falls Incident Full Report

Incident ID: 02312

Incident Date: 10/16/2014

Incident Type: EVE4 (Near-Accident)

Employee Details

This Full Time employee is a Male who was performing the job of Pre-shift Forklift Inspection with experience working on this task(s) in the Rubber department. The incident occurred on Shift 1 at 6:30:00 AM / The 8 hour shift started at 6:30:00 AM / 4 days in to a 5 day shift.

The symptoms observed were noted as an injury type of --> No Injury to his No Injury

This incident occurred in/at: . This employee None

Description of Event

What Happened

The employee was starting his pre-shift inspection of the forklift, when he noticed liquid under the forklift and surrounding area. He assumed it was battery acid. He called Bob Frederickson to let him know, who in turn informed me (Maintenance Manager).

Employee Signature: _____ **Date:** _____

Witness Section

Witness Statement

see above

Witness(es): Baretsky, Christopher A

Investigation Summary Section

Area Manager: McGlynn, Christopher J

Incident Root Cause(s)

Person filing report: Mullen, Robert

The Primary Root cause Assigned to this event was as follows: Battery was overfilled by service technician. The secondary root cause assigned to this incident was as follows:

Corrective Actions for Incident Report

Corrective Action Inform Liftech about situation and have them address the issue with technician

Comments:

Assigned to Mullen, Robert **ECD** 10/17/2014 **Complete** ☒ **Completed Date:**

Corrective Action Put in place battery acid spill response kits by each charging station

Comments:

Assigned to Mullen, Robert **ECD** 10/23/2014 **Complete** ☒ **Completed Date:** 11/3/2014

Corrective Action Call in Liftech to evaluate lift truck and repair if necessary

Comments:

Assigned to Mullen, Robert **ECD** 10/16/2014 **Complete** ☒ **Completed Date:**

Baretsky, Christopher A

Hoosick Falls Incident Full Report

Incident ID: 02312

Incident Date: 10/16/2014

Incident Type: EVE4 (Near-Accident)

Investigation Fishbone

INCIDENT

Manpower (N/A)	Materials (N/A)
Methods (N/A)	Machine (N/A)
Milieu (N/A)	Management (N/A)

Additional Details

Unsafe Activity:		Agent:	Ergonomic:	Incident Type:	<input type="checkbox"/> Property Damage	Est. Cost	Act. Cost
						\$0.00	\$0.00
By:	Unsafe Conditions:	Body Part:	Work Activity:	Nature of Damage:		Equipment causing Damage	
<input type="checkbox"/> BBP Exposure:		No Injury		None		None	
First Aid given by:		First Aid given:		None			

Supervisor Signature Mullen, Robert or Designee **Date:** _____

Manager Signature: cGlynn, Christopher J or Designee **Date:** _____

Frederickson, Clifford R

Hoosick Falls Incident Full Report

Incident ID: 02316

Incident Date: 11/3/2014

Incident Type: EVE5 (Unsafe Condition)

Employee Details

This Full Time employee is a Male who was performing the job of with experience working on this task(s) in the PSAT Coating department. The incident occurred on Shift 1 at 5:45:00 AM / The 8 hour shift started at 5:00:00 AM / 1 days in to a 5 day shift. The symptoms observed were noted as an injury type of --> to his
This incident occurred in/at: . This employee

Description of Event

What Happened

Maintenance came in a 5am to start the Megtec RTO media change out process. When getting materials from the storage shed located behind Coater A's head room, Gary Pierce mentioned there was a lot of silica dust on the ground. Bob went over to look and heard some noise louder than normal. When he investigated he found the CPI fresh air damper open with the coater ovens running. He called Steve Whittet, shift electrician, to help troubleshoot. At 6:45 am after trying to determine what state and condition the damper should be in, the decision was made to shut down the coating process until root cause determined.

Employee Signature: _____ **Date:** _____

Witness Section

Witness Statement

Will be undated at later time

Witness(es): Pierce, Gary

Investigation Summary Section

Area Manager: Mullen, Robert

Incident Root Cause(s)

Person filing report: McGlynn, Christopher J

The Primary Root cause Assigned to this event was as follows: Undetermined The secondary root cause assigned to this incident was as follows: Undetermined

Corrective Actions for Incident Report

Corrective Action Determine why the CPI did not fault out once damper failed

Comments: confirmed completed by email

Assigned to Mullen, Robert **ECD** 11/3/2014 **Complete** ☒ **Completed Date:** 12/26/2014

Corrective Action We need to determine correct operating parameters and condition of CPI

Comments: confirmed completed by email

Assigned to Mullen, Robert **ECD** 11/3/2014 **Complete** ☒ **Completed Date:** 12/26/2014

Frederickson, Clifford R

Hoosick Falls Incident Full Report

Incident ID: 02316

Incident Date: 11/3/2014

Incident Type: EVE5 (Unsafe Condition)

Investigation Fishbone

INCIDENT

Manpower <i>Undetermined</i>	Materials <i>Undetermined</i>
Methods <i>undetermined</i>	Machine <i>undetermined</i>
Milieu <i>undetermined</i>	Management <i>undetermined</i>

Additional Details

<i>Injury Nature:</i>		<input type="checkbox"/> <i>Property Damage</i>	<i>Est. Cost</i>	<i>Act. Cost</i>
<i>Unsafe Activity:</i>	<i>Agent:</i>	<i>Ergonomic:</i>	<i>Incident Type:</i>	<i>Nature of Damage:</i>
				None
<i>By:</i>	<i>Unsafe Conditions:</i>	<i>Body Part:</i>	<i>Work Activity:</i>	<i>Equipment causing Damage</i>
<input type="checkbox"/> <i>BBP Exposure:</i>				None
<i>First Aid given by:</i>		<i>First Aid given:</i>	None	

Supervisor Signature cGlynn, Christopher J or Designee **Date:** _____

Manager Signature: Mullen, Robert or Designee **Date:** _____

Employee Name

Goyer, Brian J

Hoosick Falls Incident Full Report

Incident ID: 02327

Incident Date: 1/14/2015

Incident Type: EVE5 (Unsafe Condition)

Employee Details

This Full Time employee is a Male who was performing the job of Sintering JBO 124-4 ORA on the Good Times. with experience working on this task(s) in the Extrusion department. The incident occurred on Shift 2 at 3:30:00 PM / The 8 hour shift started at 2:30:00 PM / 3 days in to a 5 day shift.

The symptoms observed were noted as an injury type of --> No Injury to his No Injury

This incident occurred in/at: . This employee Stopped the ENV-Ext Release

Description of Event

What Happened

The Operator manning the Good Times sintering laminator observed an unexpectedly high volume of water entering the sump well in the Hot Cal room and that the sump pump was just barely keeping pace with the inflow. Some of the excess water was pooling on the ground outside the building and may have drained onto adjoining property.

Employee Signature: _____ **Date:** _____

Witness Section

Witness Statement

Same as above.

Witness(es) : Parslow, Charles

Investigation Summary Section

Area Manager: McGlynn, Christopher J

Incident Root Cause(s)

Person filing report: Kieffer, Don

The Primary Root cause Assigned to this event was as follows: Faulty check valve in waste cooling water line. The secondary root cause assigned to this incident was as follows:

Corrective Actions for Incident Report

Corrective Action PJ Hyde plumbing contractor installed a new check valve in the waste water line and a larger pump motor.

Comments:

Assigned to Mullen, Robert

ECD 1/14/2015

Complete ☒

Completed Date:

1/14/2015

Goyer, Brian J

Hoosick Falls Incident Full Report

Incident ID: 02327

Incident Date: 1/14/2015

Incident Type: EVE5 (Unsafe Condition)

Investigation Fishbone

INCIDENT

Manpower (N/A)	Materials (N/A)
Methods (N/A)	Machine Unexpected Failure
Milieu Failure of control equipment (Environment)	Management Organization/responsibilities unclear

Additional Details

Injury Nature:		No Injury	<input type="checkbox"/> Property Damage	Est. Cost	Act. Cost
Unsafe Activity:	Agent:	Ergonomic:	Incident Type:	Nature of Damage:	\$0.00 \$0.00
By:	Unsafe Conditions:	Body Part:	Work Activity:	None	Equipment causing Damage
<input type="checkbox"/> BBP Exposure:		No Injury			None
First Aid given by:	(Not Applicable)	First Aid given:	None		

Supervisor Signature Kieffer, Don or Designee Date: _____

Manager Signature: cGlynn, Christopher J or Designee Date: _____

Employee Name

Friend, David L Jr

Hoosick Falls Incident Full Report

Incident ID: 02332

Incident Date: 3/9/2015

Incident Type: EVE4 (Near-Accident)

Employee Details

This Full Time employee is a Male who was performing the job of Coater C / Start-Up with experience working on this task(s) in the PSAT Coating department. The incident occurred on Shift 1 at 6:45:00 AM / The 8 hour shift started at 6:30:00 AM / 1 days in to a 5 day shift.

The symptoms observed were noted as an injury type of --> to his No Injury

This incident occurred in/at: . This employee None

Description of Event

What Happened

The shut off valve appears loose and faulty. The valve was left under pressure over the weekend and Leaked Black foam mix onto the floor and head.

Employee Signature: _____ **Date:** _____

Witness Section

Witness Statement

David Friend stated -- he always leaves the barrel under pressure. (Common Practice) Then he pointed out the valve that has been getting worse.

Frank Gorman - Ask if the air had been shut down over the weekend. His thought was, if Air pressure was relieved the bad valve may have relaxed and when the air pressure was restored the leak occurred.

Witness(es): Lawson, Timothy J

Investigation Summary Section

Area Manager: Chris McGlynn

Incident Root Cause(s)

Person filing report: Harrington, John

The Primary Root cause Assigned to this event was as follows: Faulty shut off valve. The secondary root cause assigned to this incident was as follows: Plunger process left engaged.

Corrective Actions for Incident Report

Corrective Action When the day is complete relieve pressure on the plunger.

Comments:

Assigned to Lawson, Timothy J **ECD** 3/9/2015 **Complete** ☒ **Completed Date:** 3/9/2015

Corrective Action Replaced suspect valve

Comments: Estimated cost are based on Raw material loss, Clean up labor cost and Potential losses from missed production.

Assigned to Friend, David L Jr **ECD** 3/9/2015 **Complete** ☒ **Completed Date:** 3/9/2015

Friend, David L Jr

Hoosick Falls Incident Full Report

Incident ID: 02332

Incident Date: 3/9/2015

Incident Type: EVE4 (Near-Accident)

Investigation Fishbone

INCIDENT

Manpower N/A	Materials N/A
Methods Leave the system under pressure. This is to reduce waste upon start-up the next day.	Machine Worn shut off Valve
Milieu N/A	Management N/A

Additional Details

Unsafe Activity:		Agent:	Ergonomic:	Incident Type:	<input type="checkbox"/> Property Damage	Est. Cost	Act. Cost
						\$14,988.00	\$14,988.00
By:	Unsafe Conditions:	Body Part:	Work Activity:	Nature of Damage:		Equipment causing Damage	
<input type="checkbox"/> BBP Exposure:		No Injury		None		None	
First Aid given by:		(Not Applicable)	First Aid given:		None		

Supervisor Signature Harrington, John or Designee **Date:** _____

Manager Signature: Chris McGlynn or Designee **Date:** _____

Employee Name

Parslow, Charles

Hoosick Falls Incident Full Report

Incident ID: 02346

Incident Date: 5/5/2015

Incident Type: EVE4 (Near-Accident)

Employee Details

This Full Time employee is a who was performing the job of with experience working on this task(s) in the Coating department. The incident occurred on Shift at 4:00:00 AM / The 0 hour shift started at 2:30:00 AM / 0 days in to a 0 day shift.

The symptoms observed were noted as an injury type of --> to her No Injury

This incident occurred in/at: . This employee

Description of Event

What Happened

Approximately 4pm an operator reported a spill in area surrounding and under the Drexel fork truck to Chuck Parslow. The battery was filled earlier by contractor, Liftech. A battery acid spill kit was taken from the warehouse. It appeared the battery was no longer leaking. The charger was unplugged and disconnect turned off.

The spill on the floor was contained with neutralizer, absorbent pigs and pads. The fork truck was backed out of the spill area and remaining spill was cleaned. All spill clean-up material was placed in overpack drum, labeled as battery acid spill clean-up and moved to the waste storage area in the warehouse. It was labeled with proper hazardous waste label 5/6 6:30am.

The electrical shut-off for the charging station was tagged out of service.

Employee Signature: _____

Date: _____

Witness Section

Witness Statement

Time:
Battery fluid leak was reported as a "puddle of water under the Drexel fork truck" at approx. 4:00pm by the 2nd shift Tower B operator.

Who:
Maintenance –Chuck Parslow, EHS-Brandi Smith, Operations-Tim Hayes, Don Kieffer and Chris McGlynn.

What:
A puddle of what was taken to be battery fluid underneath and extending to the sides at the front, the front end and somewhat beyond the forks of the Drexel fork truck.

Initial response was by Chuck, Brandi and Don.

A visual inspection confirmed that some fluid had leaked from the Drexel battery pack, but that the leaking had stopped. The batteries had been filled earlier today by an outside fork truck tech and it was suspected they may have been overfilled.

The Drexel battery pack was plugged into the charger at the time of the incident. It is undetermined if this contributed to the leakage or spilling. To be safe, the battery pack was disconnected from the charger and the electrical shut-off for the charger was tagged out. The liquid spill on the floor was contained with absorbent pigs and pads were placed on top of the contents of the spill to soak up the liquid. Acid neutralizing powder that came with the acid spill response kit was spread on top of the sopping pads and any traces of remaining liquid.

The fork truck was then backed out of the spill area and the spill absorptive materials were all cleaned up and placed in a yellow poly hazardous materials spill containment drum. The drum was given a label and placed in the hazardous materials storage area.

Cleanup of materials was completed by Brandi, Tim and Chris.

Witness(es): Kieffer, Don

Investigation Summary Section

Area Manager: McGlynn, Christopher J

Incident Root Cause(s)

Person filing report: Smith, Brandi

The Primary Root cause Assigned to this event was as follows: fork truck battery spilled over while charging The secondary root cause

Employee Name

Parslow, Charles

assigned to this incident was as follows:

Hoosick Falls Incident Full Report

Incident ID: 02346

Incident Date: 5/5/2015

Incident Type: EVE4 (Near-Accident)

Corrective Actions for Incident Report

Corrective Action purchase battery acid spill kit to replace used

Comments:

Assigned to **Smith, Brandi** *ECD* **5/7/2015** *Complete* ☒ *Completed Date:* **5/11/2015**

Corrective Action Review purchase of berm to put in place after fork truck batteries are filled

Comments:

Assigned to **Frederickson, Clifford** *ECD* **5/15/2015** *Complete* ☐ *Completed Date:*

Corrective Action Review purchase of remote watering system for fork trucks

Comments:

Assigned to **Mullen, Robert** *ECD* **5/22/2015** *Complete* ☐ *Completed Date:*

Corrective Action Liftech technician to review

Comments: Tech said ok to charge and battery was probably overfilled

Assigned to **Frederickson, Clifford** *ECD* **5/6/2015** *Complete* ☒ *Completed Date:* **5/6/2015**

Corrective Action tag disconnect out of service

Comments: out of service until disposition by EHS & Maint.

Assigned to **McGlynn, Christopher** *ECD* **5/5/2015** *Complete* ☒ *Completed Date:* **5/5/2015**

Employee Name

Parslow, Charles

Hoosick Falls Incident Full Report

Incident ID: 02346

Incident Date: 5/5/2015

Incident Type: EVE4 (Near-Accident)

Investigation Fishbone

INCIDENT

Manpower (N/A)	Materials (N/A)
Methods (N/A)	Machine Inadequate Maintenance, Equipment, Inspections
Milieu (N/A)	Management (N/A)

Additional Details

Injury Nature:		<input type="checkbox"/> Property Damage		Est. Cost	Act. Cost
Unsafe Activity:	Agent:	Ergonomic:	Incident Type:	Nature of Damage:	
By:	Unsafe Conditions:	Body Part:	Work Activity:	None	Equipment causing Damage
<input type="checkbox"/> BBP Exposure:		No Injury		None	
First Aid given by:		First Aid given:	None		

Supervisor Signature Smith, Brandi or Designee Date: _____

Manager Signature: cGlynn, Christopher J. or Designee Date: _____

Employee Name

Pugliese, Colleen L

Hoosick Falls Incident Full Report

Incident ID: 02348

Incident Date: 5/7/2015

Incident Type: EVE4 (Near-Accident)

Employee Details

This Full Time employee is a Female who was performing the job of moving silicone out of flammable cabinet. with experience working on this task(s) in the Rubber department. The incident occurred on Shift 1 at 11:30:00 AM / The 8 hour shift started at 5:00:00 AM / 4 days in to a 5 day shift.

The symptoms observed were noted as an injury type of --> No Injury to her No Injury

This incident occurred in/at: . This employee Returned To Work

Description of Event

What Happened

Colleen Pugliese was moving a pail of silicone from the new flammable cabinet from bottom shelf to place in the psa cabinet. When transporting to psa cabinet the pail slipped out of hands and spilled on floor.

Employee Signature: _____ **Date:** _____

Witness Section

Witness Statement

No witness.

Witness(es): N/A

Investigation Summary Section

Area Manager: McGlynn, Christopher J

Incident Root Cause(s)

Person filing report: Powers, Edward J Jr.

The Primary Root cause Assigned to this event was as follows: Milieu: the new flammable cabinet is too small for the 5 gal pails. The secondary root cause assigned to this incident was as follows: Manpower: improper material handling causing pail to slip out of hands.

Corrective Actions for Incident Report

Corrective Action replace flammable cabinet .

Comments: ordered 6/5/15

Assigned to Dorsey, Alicia

ECD 5/21/2015

Complete ☐

Completed Date:

5/21/2015

Pugliese, Colleen L

Hoosick Falls Incident Full Report

Incident ID: 02348

Incident Date: 5/7/2015

Incident Type: EVE4 (Near-Accident)

Investigation Fishbone

INCIDENT

Manpower

Improper Manual Material Handling

Materials

(N/A)

Methods

(N/A)

Machine

(N/A)

Milieu

Cramped quarters or work space

Management

(N/A)

Additional Details

Injury Nature:		No Injury		<input type="checkbox"/> Property Damage	Est. Cost	Act. Cost
Unsafe Activity:	Agent:	Ergonomic:	Incident Type:	Nature of Damage:	\$0.00	\$0.00
				None	Equipment causing Damage	
By:	Unsafe Conditions:	Body Part:	Work Activity:	None		
<input type="checkbox"/> BBP Exposure:		No Injury				
First Aid given by:	(Not Applicable)	First Aid given:	None			

Supervisor Signature Powers, Edward J Jr. or Designee Date: _____

Manager Signature: cGlynn, Christopher J or Designee Date: _____

Employee Name

Smith, Brandi

Hoosick Falls Incident Full Report

Incident ID: 02395

Incident Date: 5/27/2015

Incident Type: EVE4 (Near-Accident)

Employee Details

This Full Time employee is a Female who was performing the job of flammable storage building construction with experience working on this task(s) in the Grounds department. The incident occurred on Shift 1 at 8:00:00 AM / The 8 hour shift started at 7:00:00 AM / 3 days in to a 5 day shift.

The symptoms observed were noted as an injury type of --> to her

This incident occurred in/at: . This employee

Description of Event

What Happened

cement truck drivers working on construction of flammable storage building dumped concrete washout over bank
Rozell had instructed drivers where to rinse but driver did not follow instructions

Employee Signature: _____ **Date:** _____

Witness Section

There were no witnesses of this incident.

Investigation Summary Section

Area Manager: Beaumont, Paul J.

Incident Root Cause(s)

Person filing report: Smith, Brandi

The Primary Root cause Assigned to this event was as follows: rules not followed The secondary root cause assigned to this incident was as follows:

Corrective Actions for Incident Report

Corrective Action Rozell to have concrete removed

Comments:

Assigned to Beaumont, Paul J. **ECD** 12/1/2015 **Complete** ☐ **Completed Date:** 12/31/2015

Smith, Brandi

Hoosick Falls Incident Full Report

Incident ID: 02395

Incident Date: 5/27/2015

Incident Type: EVE4 (Near-Accident)

Investigation Fishbone

INCIDENT

Manpower <i>Failure to Follow Verbal Instructions</i>	Materials (N/A)
Methods <i>Compliance with legal and company standard</i>	Machine (N/A)
Milieu (N/A)	Management (N/A)

Additional Details

<i>Injury Nature:</i>		<input type="checkbox"/> <i>Property Damage</i>	<i>Est. Cost</i>	<i>Act. Cost</i>
<i>Unsafe Activity:</i>	<i>Agent:</i>	<i>Ergonomic:</i>	<i>Incident Type:</i>	<i>Nature of Damage:</i>
				None
<i>By:</i>	<i>Unsafe Conditions:</i>	<i>Body Part:</i>	<i>Work Activity:</i>	<i>Equipment causing Damage</i>
<input type="checkbox"/> <i>BBP Exposure:</i>				None
<i>First Aid given by:</i>		<i>First Aid given:</i>	None	

Supervisor Signature Smith, Brandi or Designee **Date:** _____

Manager Signature: Beaumont, Paul J. or Designee **Date:** _____

Employee Name

Frederickson, Clifford R

Hoosick Falls Incident Full Report

Incident ID: 02357

Incident Date: 6/22/2015

Incident Type: EVE4 (Near-Accident)

Employee Details

This Full Time employee is a Male who was performing the job of Troubleshootn Megtec RTO in PSAT new buidling with experience working on this task(s) in the PSAT Coating department. The incident occured on Shift 1 at 1:00:00 PM / The 8 hour shift started at 6:30:00 AM / 1 days in to a 5 day shift.

The symptoms observed were noted as an injury type of --> No Injury to his

This incident occurred in/at: . This employee

Description of Event

What Happened

The Megtec, Regenerative thermal oxidizer (RTO), shutoff for a high duct negative pressure alarm. We were operating all 6 coating lines prior to the breakdown with the following product mix, Coater A – 2296, Tower 2905-7, Coater B 2045, Tower B F409GR, Coater E M852GRN and Coater F1200p (not coating, just pulling linear) all were on the RTO at the time of the shutdown. After switching off all coating lines from the oxidizer and clearing alarm condition we attempted to bring coating back online one line at a time. After Coater E, Tower B, Coater C and Tower A were brought online, Coater B was turned back onto oxidizer and we once again tripped out the RTO on a High Duct Negative pressure alarm. While resetting alarm we were informed that a piece of cardboard had blown off roof and there was smoke coming from duct. After inspecting duct work we found the access hatch located above the Coater A head room was open and a light smoke was observed. Bob Fredrickson immediately inspected the hatch for damage or faulty locking handles and secured hatch. We also noted the barometric damper located after the pre-filter housing had not had the cover removed as past history indicated was need in high differential pressure situation to help alleviate spikes in duct pressure during RTO bed switching. Barometric cover was removed, hatched secured, RTO reset and coating lines restarted one at a time. We only started 4 coating lines and have not experienced any further issues at this time.

Employee Signature: _____

Date: _____

Witness Section

Witness Statement

Tim was working in the courtyard next to the Coater A Head room when he saw what looked like cardboard fall from the roof and smoke was coming out of the duct work. He reported incident to the shift lead immediately.

Witness(es): Ellis, Timothy J

Investigation Summary Section

Area Manager: McGlynn, Christopher J

Incident Root Cause(s)

Person filing report: McGlynn, Christopher J

The Primary Root cause Assigned to this event was as follows: TBD The secondary root cause assigned to this incident was as follows: TBD

Corrective Actions for Incident Report

Corrective Action Determine schedule and method to ensure damper cover is removed duirng high differential conditions.

Comments:

Assigned to Frederickson, Clifford ' ECD 6/24/2015 **Complete** ☐ **Completed Date:**

Hoosick Falls Incident Full Report

Incident ID: 02357

Incident Date: 6/22/2015

Frederickson, Clifford R

Incident Type: EVE4 (Near-Accident)

Corrective Action Determine reason for access hatch to pop open

Comments:

Assigned to **Beaumont, Paul J.** *ECD* 6/26/2015 *Complete* ☐ *Completed Date:*

Investigation Fishbone

INCIDENT

Manpower

TBD

Materials

TBD

Methods

TBD

Machine

TBD

Milieu

TBD

Management

TBD

Additional Details

<i>Injury Nature:</i>		No Injury		<input type="checkbox"/> <i>Property Damage</i>	<i>Est. Cost</i>	<i>Act. Cost</i>
<i>Unsafe Activity:</i>	<i>Agent:</i>	<i>Ergonomic:</i>	<i>Incident Type:</i>	<i>Nature of Damage:</i>	\$0.00	\$0.00
				None	<i>Equipment causing Damage</i>	
<i>By:</i>	<i>Unsafe Conditions:</i>	<i>Body Part:</i>	<i>Work Activity:</i>			
<input type="checkbox"/> <i>BBP Exposure:</i>						
<i>First Aid given by:</i>		<i>First Aid given:</i>		None		

Supervisor Signature cGlynn, Christopher J or Designe **Date:** _____

Manager Signature: cGlynn, Christopher J or Designe **Date:** _____


SAINT-GOBAIN
PERFORMANCE PLASTICS
Employee Name
Frederickson, Clifford R

Hoosick Falls Incident Full Report

Incident ID: 02357

Incident Date: 6/22/2015

Incident Type: EVE4 (Near-Accident)

Employee Name

Beaumont, Paul J.

Hoosick Falls Incident Full Report

Incident ID: 02361

Incident Date: 7/10/2015

Incident Type: EVE4 (Near-Accident)

Employee Details

This Full Time employee is a Male who was performing the job of Excavating for new flammable storage bunker. with experience working on this task(s) in the Facilities department. The incident occurred on Shift 1 at 11:00:00 AM / The 8 hour shift started at 7:00:00 AM / 5 days in to a 5 day shift.

The symptoms observed were noted as an injury type of --> No Injury to his No Injury

This incident occurred in/at: . This employee None

Description of Event

What Happened

Hydraulic hose blew on backhoe.

Employee Signature: _____

Date: _____

Witness Section

Witness Statement

Backhoe operator saw it blow and immediately turned off machine. He then used a spill kit in the area to wipe up the hydraulic oil with absorbent mats. Less than a gallon leaked. Very little went into the ground. It was not near any drains. Bags with spill clean up material will be disposed of by the contractor, Rozell.

There were no witnesses of this incident.

Investigation Summary Section

Area Manager: Beaumont, Paul J.

Incident Root Cause(s)

Person filing report: Beaumont, Paul J.

The Primary Root cause Assigned to this event was as follows: Weak hose The secondary root cause assigned to this incident was as follows:

Corrective Actions for Incident Report

Corrective Action Operator wiped up oil. PJ reviewed it with operator.

Comments:

Assigned to Beaumont, Paul J.

ECD 7/10/2015

Complete ☒

Completed Date:

7/10/2015

Beaumont, Paul J.

Hoosick Falls Incident Full Report

Incident ID: 02361

Incident Date: 7/10/2015

Incident Type: EVE4 (Near-Accident)

Investigation Fishbone

INCIDENT

Manpower (N/A)	Materials (N/A)
Methods (N/A)	Machine Weak hose
Milieu (N/A)	Management (N/A)

Additional Details

Unsafe Activity:		Agent:	Ergonomic:	Incident Type:	<input type="checkbox"/> Property Damage	Est. Cost	Act. Cost
						\$0.00	\$0.00
By:		Unsafe Conditions:	Body Part:	Work Activity:	Nature of Damage:		
					None		
<input type="checkbox"/> BBP Exposure:			No Injury		Equipment causing Damage		
					None		
First Aid given by:		First Aid given:		None			

Supervisor Signature Beaumont, Paul J. or Designee **Date:** _____

Manager Signature: Beaumont, Paul J. or Designee **Date:** _____

Employee Name

Calhoun, Raymond H

Hoosick Falls Incident Full Report

Incident ID: 02364

Incident Date: 7/21/2015

Incident Type: EVE4 (Near-Accident)

Employee Details

This Full Time employee is a Male who was performing the job of Coater Operator with experience working on this task(s) in the PSAT Coating department. The incident occurred on Shift 1 at 10:30:00 AM / The 8 hour shift started at 7:00:00 AM / 2 days in to a 5 day shift.

The symptoms observed were noted as an injury type of --> to his No Injury

This incident occurred in/at: . This employee

Description of Event

What Happened

Ray Calhoun noticed a clear liquid on a chemical storage shelf. Bob Stonehocker was in area and assisted by collecting info about chemical and notifying EHS. 5 gallon plastic container was found to have tiny rupture at seam. Container was original manufacturer / distributor container. Label was difficult to read and was determined to be 6030 Silane. SDS was reviewed by all. Operator cleaned up small spill using PPE and rag. Remaining liquid was placed in liquid hazardous waste drum and container was also discarded into hazardous waste drum. Container was dated as 2005.

Employee Signature: _____ **Date:** _____

Witness Section

Witness Statement

I consulted MSDS and sent copy to Alicia. After I consulted EHS, I checked the BOM in QAD and it looks like it is just Isopropyl Alcohol which should be fine for normal adhesive disposal drum. Consulted EHS and informed Ray Calhoun to proceed accordingly.

Witness(es): Stonehocker, Robert E

Investigation Summary Section

Area Manager: McGlynn, Christopher J

Incident Root Cause(s)

Person filing report: Dorsey, Alicia

The Primary Root cause Assigned to this event was as follows: Unused chemicals remain on shelves for long periods of time. The secondary root cause assigned to this incident was as follows: No regular PM / visual inspection of chemical storage areas is conducted and documented.

Corrective Actions for Incident Report

Corrective Action cover in toolbox meeting-importance of doing visual inspection of chemical storage areas. Any irregularities, notify supervisor and EHS.

Comments:

Assigned to McGlynn, Christopher **ECD** 8/14/2015 **Complete** ☐ **Completed Date:**

Corrective Action Implement chemical storage visual inspections and documentation.

Comments:

Assigned to Dorsey, Alicia **ECD** 9/30/2015 **Complete** ☐ **Completed Date:**

Calhoun, Raymond H

Hoosick Falls Incident Full Report

Incident ID: 02364

Incident Date: 7/21/2015

Incident Type: EVE4 (Near-Accident)

Investigation Fishbone

INCIDENT

Manpower <i>Other</i>	Materials <i>Other Materials Related Causes</i>
Methods <i>Prevention plans</i>	Machine <i>(N/A)</i>
Milieu <i>Other</i>	Management <i>Deficient Storage/Material Handling</i>

Additional Details

Unsafe Activity:		Agent:	Ergonomic:	Incident Type:	<input type="checkbox"/> Property Damage	Est. Cost	Act. Cost
						\$0.00	\$0.00
By:		Unsafe Conditions:	Body Part:	Work Activity:	Nature of Damage:	Equipment causing Damage	
<input type="checkbox"/> BBP Exposure:			No Injury		None	None	
First Aid given by:		(Not Applicable)	First Aid given:		None		

Supervisor Signature Dorsey, Alicia or Designee **Date:** _____

Manager Signature: cGlynn, Christopher J or Designee **Date:** _____